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<b>State:</b>	Arkansas	<b>Filing Company:</b>	The Cincinnati Life Insurance Company
<b>TOI/Sub-TOI:</b>	H21 Health - Other/H21.000 Health - Other		
<b>Product Name:</b>	Form CLI-6260 (8/12), Authorization for Release of Information		
<b>Project Name/Number:</b>	Form CLI-6260 (8/12), Authorization for Release of Information/Form CLI-6260 (8/12), Authorization for Release of Information		

## Filing at a Glance

Company:	The Cincinnati Life Insurance Company
Product Name:	Form CLI-6260 (8/12), Authorization for Release of Information
State:	Arkansas
TOI:	H21 Health - Other
Sub-TOI:	H21.000 Health - Other
Filing Type:	Form
Date Submitted:	08/07/2012
SERFF Tr Num:	GRJR-128619210
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	CLI62600812H
Implementation	On Approval
Date Requested:	
Author(s):	Jennifer Henley, Deborah Naegele, Karen Eichler
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	08/09/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

**State:** Arkansas  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** Form CLI-6260 (8/12), Authorization for Release of Information  
**Project Name/Number:** Form CLI-6260 (8/12), Authorization for Release of Information/Form CLI-6260 (8/12), Authorization for Release of Information

**Filing Company:** The Cincinnati Life Insurance Company

## General Information

Project Name: Form CLI-6260 (8/12), Authorization for Release of Information

Status of Filing in Domicile: Pending

Project Number: Form CLI-6260 (8/12), Authorization for Release of Information

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The subject form was submitted to our domicile state, Ohio, on August 7, 2012, and approval is pending.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact:

Filing Status Changed: 08/09/2012

State Status Changed: 08/09/2012

Deemer Date:

Created By: Jennifer Henley

Submitted By: Jennifer Henley

Corresponding Filing Tracking Number: GRJR-128619163

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

FEIN: 31-1213778

NAIC: 0244-76236

Subject:

The Cincinnati Life Insurance Company

Individual Health Form Filing

Form CLI-6260 (8/12), Authorization for Release of Information

Replaces:

Form CLI-6260 (7/12), Authorization for Release of Information, previously approved by your Department, July 24, 2012, Serff Tracking Number GRJR-128567526

For Use With:

All Applicable Approved Disability Insurance Applications

THIS FORM IS BEING SUBMITTED TO YOUR LIFE DIVISION UNDER A SEPARATE FILING.

Dear Sir or Madame:

The subject form is being revised due to the MIB's 2013 Authorization Change. This form will be provided to our policyholders at the time of application.

A red-lined version is attached to the Supporting Documentation tab for your convenience.

The subject form was submitted to our domicile state, Ohio, on August 7, 2012, and approval is pending.

We would appreciate your review and approval at your earliest convenience. Thank you for your usual courtesy and

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cooperation.

## Company and Contact

### Filing Contact Information

Jennifer Henley, Senior Analyst  
P.O. Box 145496  
Cincinnati, OH 45250-5496

jenny\_henley@cinfin.com  
513-870-2251 [Phone]  
513-870-2099 [FAX]

### Filing Company Information

The Cincinnati Life Insurance Company  
6200 S. Gilmore Road  
Fairfield, OH 45014  
(513) 870-2000 ext. 4386[Phone]

CoCode: 76236  
Group Code: 244  
Group Name:  
FEIN Number: 31-1213778

State of Domicile: Ohio  
Company Type:  
State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: 1 filing X \$50.00  
Per Company: No

Company	Amount	Date Processed	Transaction #
The Cincinnati Life Insurance Company	\$50.00	08/07/2012	61477396

<b>SERFF Tracking #:</b>	GRJR-128619210	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	CLI62600812H
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/09/2012	08/09/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	The Cincinnati Life Insurance Company
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## Disposition

Disposition Date: 08/09/2012  
 Implementation Date:  
 Status: Approved-Closed  
 HHS Status: HHS Approved  
 State Review: Reviewed-No Actuary  
 Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Red-Lined Version	Approved-Closed	Yes
Form	Authorization for Release of Information	Approved-Closed	Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	The Cincinnati Life Insurance Company
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## Form Schedule

Lead Form Number: Form CLI-6260 (8/12)							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/09/2012	Form CLI-6260 (8/12)	OTH	Authorization for Release of Information	Revised: Replaced Form #: Form CLI- 6260 (8/12) Previous Filing #: GRJR- 128567526	0.000	Form CLI-6260 8-12 Authorization for Release of Information.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



**Headquarters:** 6200 S. Gilmore Road, Fairfield, OH 45014-5141

**Mailing address:** P.O. Box 145496, Cincinnati, OH 45250-5496

**www.cinfin.com** ■ **513-870-2000**

### Authorization for Release of Information

I hereby authorize any licensed physician; medical practitioner; hospital; clinic or other medical or medically related facility; the Veterans Administration; MIB, Inc.; any prescription data base service; my employer; and consumer reporting agency or insurance company that has any records or knowledge of the Proposed Insured identified below or his or her health, to furnish such information to The Cincinnati Life Insurance Company, its employees, reinsurer(s), administrative services provider and any other authorized representative upon presenting this authorization.

This authorization includes information about mental illness and the use of drugs, alcohol or tobacco (excluding psychotherapy notes); prescription drug information; sexually transmitted disease; Human Immunodeficiency Virus (HIV) infection; Acquired Immune Deficiency Syndrome (AIDS); and the diagnosis, treatment or prognosis of any physical condition.

I understand that:

1. This authorization may be required in order for my application for insurance to be evaluated and a policy issued;
2. This authorization will be valid from the date signed for a period of two years;
3. A photographic copy of this authorization shall be as valid as the original;
4. Any request that I have made to restrict information disclosed does not apply to this authorization. I instruct the providers and entities listed in the first paragraph of this authorization to release and disclose my entire medical record without restriction;
5. The information disclosed under this authorization will be used and may be subsequently disclosed by The Cincinnati Life Insurance Company to: a) underwrite and rate my application for insurance and make eligibility and enrollment determinations; b) obtain reinsurance; c) process other transactions related to my policy; and d) conduct other legally permissible or required activities that relate to any coverage I have or have applied for with The Cincinnati Life Insurance Company;
6. I may obtain a copy of this authorization form sending a written request to The Cincinnati Life Insurance Company at the above address;
7. I may revoke this authorization at any time by sending a written request to The Cincinnati Life Insurance Company at the above address, but revocation will not affect information that has already been collected and relied upon or disclosed under this authorization; and
8. I authorize The Cincinnati Life Insurance Company, or its reinsurers, to make a brief report of my protected health information to MIB.

Signed on: \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Name of Proposed Insured  
(please print)

\_\_\_\_\_  
Signature of Proposed Insured  
(if signing as personal representative, specify  
relationship to Proposed Insured)

\_\_\_\_\_  
Name of Other Proposed Insured  
(please print)

\_\_\_\_\_  
Signature of Other Proposed Insured  
(if signing as personal representative, specify  
relationship to Other Proposed Insured)

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## Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	08/09/2012
Bypass Reason:	N/A, mandated authorization form.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	08/09/2012
Comments:	Form CLI-1502, Application for Disability Insurance, previously approved by your Department July 15, 2003. We reserve the right to use any applicable application that may be approved for use in the future.		

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	08/09/2012
Bypass Reason:	N/A, not a policy form filing		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	08/09/2012
Bypass Reason:	N/A, not a policy form filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	08/09/2012
Bypass Reason:	N/A, not a PPACA filing		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Red-Lined Version	Approved-Closed	08/09/2012
Comments:	New language is underlined in red. Deleted language is shown with a strike-through.		
Attachment(s):			



<b>SERFF Tracking #:</b>	GRJR-128619210	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	CLI62600812H
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Form CLI-6260 8-12 Red-Lined Version.pdf



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### Authorization for Release of Information

I hereby authorize any licensed physician; medical practitioner; hospital; clinic or other medical or medically related facility; the Veterans Administration; MIB, Inc.; any prescription data base service; my employer; and consumer reporting agency or insurance company that has any records or knowledge of the Proposed Insured identified below or his or her health, to furnish such information to The Cincinnati Life Insurance Company, its employees, reinsurer(s), administrative services provider and any other authorized representative upon presenting this authorization.

This authorization includes information about mental illness and the use of drugs, alcohol or tobacco (excluding psychotherapy notes); prescription drug information; sexually transmitted disease; Human Immunodeficiency Virus (HIV) infection; Acquired Immune Deficiency Syndrome (AIDS); and the diagnosis, treatment or prognosis of any physical condition.

I understand that:

1. This authorization may be required in order for my application for insurance to be evaluated and a policy issued;
2. This authorization will be valid from the date signed for a period of two years;
3. A photographic copy of this authorization shall be as valid as the original;
4. Any request that I have made to restrict information disclosed does not apply to this authorization. I instruct the providers and entities listed in the first paragraph of this authorization to release and disclose my entire medical record without restriction;
5. The information disclosed under this authorization will be used and may be subsequently disclosed by The Cincinnati Life Insurance Company to: a) underwrite and rate my application for insurance and make eligibility and enrollment determinations; b) obtain reinsurance; c) process other transactions related to my policy; and d) conduct other legally permissible or required activities that relate to any coverage I have or have applied for with The Cincinnati Life Insurance Company;
6. I may obtain a copy of this authorization form sending a written request to The Cincinnati Life Insurance Company at the above address;
7. I may revoke this authorization at any time by sending a written request to The Cincinnati Life Insurance Company at the above address, but revocation will not affect information that has already been collected and relied upon or disclosed under this authorization; and
8. I authorize The Cincinnati Life Insurance Company, or its reinsurers, to make a brief report of my protected health information to MIB.

*personal*

~~I also understand that once information is released to others, it may be re-disclosed to individuals or organizations, including the reporting of protected health information to MIB and may no longer be protected subject to state and federal privacy and confidentiality laws.~~

Signed on: \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Name of Proposed Insured  
(please print)

\_\_\_\_\_  
Signature of Proposed Insured  
(if signing as personal representative, specify  
relationship to Proposed Insured)

\_\_\_\_\_  
Name of Other Proposed Insured  
(please print)

\_\_\_\_\_  
Signature of Other Proposed Insured  
(if signing as personal representative, specify  
relationship to Other Proposed Insured)